

SERFF Tracking Number:	NGLI-126762424	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	46449
Company Tracking Number:	2855PN		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	2855PN		
Project Name/Number:	/		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2855PN

SERFF Tr Num: NGLI-126762424 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 46449

Sub-TOI: L08.000 Life - Other

Co Tr Num: 2855PN

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 08/11/2010

Date Submitted: 08/10/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 08/11/2010

Explanation for Other Group Market Type:

State Status Changed: 08/11/2010

Deemer Date:

Created By: Kim Bolinder

Submitted By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

August 10, 2010

Arkansas Department of Insurance

Filed via SERFF

Re: National Guardian Life Insurance Company

NAIC # 66583 FEIN# 39-0493780

Enrollment Form

<i>SERFF Tracking Number:</i>	<i>NGLI-126762424</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2855PN</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>2855PN</i>		
<i>Project Name/Number:</i>	<i>/</i>		
2855PN-AR 08/10			

Dear Commissioner/Director:

The referenced enrollment form is provided for your review and approval. This enrollment form will be used, on a general use basis, so that we may use the form with any policy form approved in your state. This is a new form and will not replace any existing forms. This form is substantially similar to form 2800PN-AR 07/09 which was approved by your department on June 16, 2009 under state tracking number 42663. We have updated the EFT and credit card language.

Your approval of this form would be greatly appreciated. Please contact me at the number or email address provided if you have any questions or concerns.

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist	kabolinder@nglic.com
2 East Gilman Street	608-443-5335 [Phone]
Madison, WI 53701	608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5325[Phone]	FEIN Number: 39-0493780	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	08/10/2010	38651286

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/11/2010	08/11/2010

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Disposition

Disposition Date: 08/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		Yes

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Form Schedule

Lead Form Number: 2855PN

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2855PN-AR 08/10	Application/ Enrollment Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY	Initial		50.000	2855PN-AR 08-10.pdf

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY - (PLEASE PRINT)

2855PN-AR 08/10 Series 10

National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

MAIL POLICY TO:

☐ AGENT
☐ FUNERAL HOME
☐ OWNER**PROPOSED INSURED/ANNUITANT** ☐ Male ☐ Female_____
First Name MI Last Name Phone Number Social Security Number Age Date of Birth**OWNER - Complete only if other than Insured/Annuitant**_____
First Name MI Last Name Social Security Number Relationship to Insured**MAILING ADDRESS** ☐ INSURED/ANNUITANT ☐ OWNER (Where to send information about this Policy)_____
Street Address City State Zip**PAYMENT PLAN**

Funeral Price \$ Face Amount \$

☐ Single Pay Life ☐ Flexible Annuity \$ _____Multi Pay Life: ☐ 3 Year ☐ 5 Year ☐ 7 Year ☐ 10 Year

Initial Premium + Multi Pay Premium = Total Premium Amount (with app)

\$ \$ \$

PAYMENT MODE (Do not complete for Single Pay)☐ Annual ☐ Quarterly☐ Semi-Annual ☐ Monthly EFT☐ MC/MISA - Use Monthly Direct Factor ☐ Monthly Direct**STATEMENT OF HEALTH (To be completed by Proposed Insured - If enrolling in a Multi Pay Life Plan)**Are you currently on oxygen, hospitalized, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders: ☐ YES ☐ NOCongestive Heart Failure Immune System Disorder Chronic Obstructive Pulmonary (lung) Disease Amputation (caused by disease)
Heart Disease Cirrhosis of the Liver Emphysema
Stroke Drug or Alcohol Dependency Alzheimer's/Dementia
Cancer (other than skin) Kidney failure (including dialysis) Diabetic Coma/Insulin Shock

If the health question is not answered or answered "Yes" and you are applying for a Multi Pay Life plan, a Policy with limited death benefits during the first 2 Policy years will be issued.

DIRECTION FOR PAYMENT OF PROCEEDS (These directions may be changed any time before the funeral is provided by giving written notice to the Insurer.)

NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named below, if any, upon receipt of proof that funeral merchandise and services have been provided. In the event that NGL rescinds or declines to issue the Policy, I also assign to the Funeral Provider (1) the right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided, (2) the right to compromise claims and (3) the right to agree to rescission.

Name of Funeral Provider Street Address City State Zip_____
Name of Primary Beneficiary Street Address City State Zip Relationship to Insured**APPLICANT SIGNATURES**

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____ State _____

Signature of Proposed Insured/Annuitant _____ Date _____ Signature of Owner (Required if other than Insured) _____ Date _____

AGENT'S STATEMENT

I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %_____
Agent(s) Signature Agent Name(s) Printed NGL Agent # Agent State License# %

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY - (PLEASE PRINT)

National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

ACKNOWLEDGMENT OF PAYMENT

This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.

Agent Signature

Date

"Policy" is defined as the insurance policy, certificate or annuity contract for which I am applying.

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

Insured: _____

Agent: _____

IRREVOCABLE ASSIGNMENT OF POLICY

Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following:

1. The assignment of death benefit proceeds is permanent and cannot be changed by the Owner.
2. The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid.
3. The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

Immediate Transfer (For purposes of Medicaid Eligibility ONLY) - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. **To make an immediate transfer election please initial here** _____.

Signature of Owner _____

Date _____

AUTOMATIC PAYMENT AUTHORIZATION (Select One)☐ **Monthly Electronic Funds Transfer**

I authorize National Guardian Life Insurance Company (NGL) to electronically debit my bank account for the amount and date provided on this form or as stated in the policy contract I will receive. The actual date of deduction can vary due to holidays/weekends and is dependent on my Financial Institution.

This authorization is to remain in effect until canceled. This method of payment can be canceled with five day advance written notice. In the event that the payment is not honored, NGL has the right to represent the transaction. This method of payment will not change any of the provisions of my policy and unless indicated, the draw will occur monthly. NGL has the right to revoke this method of payment at any time. This withdrawal is authorized only if I have selected ongoing withdrawals on page 1 of the application.

Date of month to initiate payment (dates available are 1st through 28th) – select one: _____

Bank Name _____

Bank Routing/ABA # _____

Account # _____

☐ Checking ☐ Savings_____
(Signature as it appears on bank records)_____
(Date)☐ **Monthly Credit Card Authorization - Only available on Multi-Pay Plans (Not on Annuity)**

I authorize National Guardian Life Insurance Company (NGL) to remit the premiums due through my credit card indicated on this form or as on my policy contract I will receive. Unless indicated the draw will occur monthly. This authority will remain in full force and effect until the stated expiration date of the card or until I revoke this authorization by 5 days advance written notification to NGL. NGL has the right to revoke this method of payment at any time.

(Account Number)_____
(Exp. Date)_____
(Cardholder Signature)_____
(Cardholder Address)Select one only: ☐ VISA ☐ MasterCard_____
(Printed Name)_____
(Date)

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachments:		
AR - Cert 2855PN.pdf		
AR - COR 2855PN.pdf		



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

August 10, 2010

Signature

Date

Mark Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com

CERTIFICATION OF READABILITY

I, Mark C. Neidinger, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
2855PN-AR 04/10	50



Signature

August 10, 2010

Date

Mark C. Neidinger

Associate General Counsel and Company Officer